



**COLLEGE OF NURSING
LETTER OF RECOMMENDATION – CRNA PROGRAM**

To the Applicant: This form should be completed by at least one current or previous nursing program faculty who can evaluate your potential for graduate study, one current or previous critical care clinical supervisor who can evaluate your current clinical competency and skills, and a CRNA or Anesthesiologist who can evaluate your potential as an anesthesia provider. *Type or print the top section yourself.*

Name: _____ USF ID: _____

Should you be admitted to the University, you would have the right, as a student, to review your permanent record including this recommendation form on file with the University. Some persons prefer not to complete recommendation forms, however, unless they can be assured of the confidentiality of their comments. It is our opinion that comments provided on a confidential basis are likely to be of more help to us in judging important characteristics [such as originality, independence and research capability]. Therefore, the University is affording you the opportunity to waive your right of subsequent access to this reference statement. In any event, your application for admission and/or financial support will be given full consideration based on all the information accumulated in your application file, including this form, regardless of your decision on waiving your right of future review.

- € I do waive my right of subsequent access to this recommendation form
€ I do not waive my right of subsequent access to this recommendation form.

Applicant Signature: _____ Date: _____

To the Referee: Please return the completed recommendation form directly back to the applicant in a sealed envelope with your signature across the seal. Applicants are required to submit all application documents in one complete packet for consideration. Please note that this will be used as a contributing factor to determine the applicant's eligibility for admission.

Person providing the reference: _____

Name/Title/Credentials

Relationship to Student

Institution/Organization

Phone

E-mail address

- I. Please rate the applicant with others of the same age and academic level: It is important to the candidate that you give a rating here as well as written comments below.

| Qualities | 1 Very Weak | 2 Weak | 3 Neutral | 4 Strong | 5 Very Strong | Not Able to Evaluate |
|-----------------------------------|-------------------|-----------|--------------|-------------|---------------------|-------------------------|
| 1. Verbal Communication | | | | | | |
| 2. Writing Skills | | | | | | |
| 3. Emotional Maturity | | | | | | |
| 4. Leadership Potential | | | | | | |
| 5. Critical thinking skills | | | | | | |
| 6. Integrity and honesty | | | | | | |
| 7. Self-direction and motivation | | | | | | |
| 8. Clinical competency and skills | | | | | | |

- II. Please use the rest of this form to transmit your evaluation of the applicant's suitability to pursue master's level study. Attach an additional page if necessary.

a. How long have you known the applicant? In what capacity?

b. Your evaluation of the applicant's potential for master's level study.

Signature of Referee: _____ Date: _____

The University of South Florida is an Affirmative Action/Equal Access/Equal Opportunity institution.